



GP 1764 #2

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (6-98)  
Approved for use through 09/30/2000. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                     |                      |                                    |
|-------------------------------------------------------------------------------------|----------------------|------------------------------------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/329,502                         |
|                                                                                     | Filing Date          | June 10, 1999                      |
|                                                                                     | First Named Inventor | James T. Merrill                   |
|                                                                                     | Group Art Unit       | 1764                               |
|                                                                                     | Examiner Name        | Not yet assigned                   |
| Total Number of Pages in This Submission                                            | 2                    | Attorney Docket Number 31223-62785 |

| ENCLOSURES (check all that apply)                                            |                                                                                                               |                                                                                            |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers (for an Application)                                               | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached                                        | <input type="checkbox"/> Drawing(s)                                                                           | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Licensing-related Papers                                                             | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                         | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition                          | <input type="checkbox"/> Proprietary Information                                           |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Petition to Convert to a Provisional Application                                     | <input type="checkbox"/> Status Letter                                                     |
| <input type="checkbox"/> Extension of Time Request                           | <input checked="" type="checkbox"/> Power of Attorney, <del>Revocation</del> Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s) (please identify below):                  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer                                                                  | RECEIVED<br>JUL 23 1999<br>TC 1700 MAIL ROOM                                               |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Small Entity Statement                                                               |                                                                                            |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Request for Refund                                                                   |                                                                                            |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | Remarks                                                                                                       |                                                                                            |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                                               |                                                                                            |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                    |
|--------------------------------------------|--------------------|
| Firm or Individual name                    | William D. Jackson |
| Signature                                  |                    |
| Date                                       | July 16, 1999      |

| CERTIFICATE OF MAILING                                                                                                                                                                                                                     |               |      |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 16, 1999 |               |      |         |
| Typed or printed name                                                                                                                                                                                                                      | Clare Jackson | Date | 7-16-99 |
| Signature                                                                                                                                                                                                                                  |               |      |         |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.